

2007 Medicare Prescription Drug Benefit (Part D) Eligibility & Enrollment Chart for Indiana

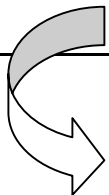
IF YOU HAVE...	WHAT DO YOU GET?	PART D PLAN ENROLLMENT	HOW WILL YOU BE NOTIFIED?	WHAT SHOULD YOU DO?	WHEN SHOULD YOU ACT?
No Medicare Coverage	You are not eligible for Medicare Prescription Drug Benefits	N/A	N/A	Call SHIP 1-800-452-4800	N/A
Medicaid Only	You are not eligible for Medicare Prescription Drug Benefits	N/A	N/A	Medicaid will continue to cover your prescriptions	N/A
<p>Medicaid & Medicare (Dual-Eligible)</p> <p>AND:</p> <p>Yearly Income below \$9,800 (single) or \$13,200 (married)</p> <p>OR:</p> <p>Yearly Income above \$9,800 (single) or \$13,200 (married)</p>	<p>You are eligible for Extra Help</p> <p>No premium No deductible No gap in coverage</p> <p>\$1 - \$3.10 co-pay for prescriptions</p> <p>→</p> <p>\$2.15 - \$5.35 co-pay for prescriptions</p> <p>→</p>	<p>New to Medicare You will be auto-enrolled in a plan for coverage first day of Medicare entitlement unless you choose your own plan during the first three months of your initial enrollment period (during the 3 months before your Medicare coverage starts).</p> <p>New to Medicaid You will be auto-enrolled into a plan if you are not already in a drug plan. Coverage will be retroactive to the month your Medicaid coverage began.</p>	<p>CMS will notify you by mail if you are to be auto-enrolled. You will receive a yellow letter advising you of your auto-enrollment.</p> <p>(CMS—Centers for Medicare & Medicaid Services)</p>	<p>You do <u>not</u> need to apply for Extra Help. You are already eligible.</p>	<p>New to Medicare - You to ensure your new drug plan best suits your needs, you should enroll into a plan during the first 3 months of your initial enrollment period.</p> <p>New to Medicaid - If you are auto-enrolled into a plan that does not cover your medication you may switch plans.</p>

The 2007 Medicare Prescription Drug Benefit Enrollment & Eligibility Chart for Indiana is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings. Created by the Indiana Pharmaceutical Assistance Program, IAAA Education Institute & SHIP 3-30-05 Updated October 2006

IF YOU HAVE...	WHAT DO YOU GET?	PART D PLAN ENROLLMENT	HOW WILL YOU BE NOTIFIED?	WHAT SHOULD YOU DO?	WHEN SHOULD YOU ACT?
<p>Medicare Savings Program QMB, SLMB, or QI (Medicaid helps pay for your Medicare) AND...</p> <p>Yearly income below \$9,800 (single) or \$13,200 (married)</p> <p>Yearly income above \$9,800 (single) or \$13,200 (married)</p>	<p>You are eligible for Extra Help</p> <p>No premium No deductible No gap in coverage</p> <p>\$1 - \$3.10 co-pay</p> <p>\$2.15 - \$5.35 co-pay</p>	<p>New to Medicare - You will be auto-assigned (or facilitated) plan unless you choose your own plan during the first three months of your initial enrollment period (during the 3 months before your Medicare coverage starts).</p> <p>New to Extra Help - If you do not already have a drug plan you will be facilitated into a plan and notified of the effective date.</p>	<p>CMS will notify you by mail if you are to be facilitated into a plan. You will received a letter on green paper.</p>	<p>You do <u>not</u> need to apply for Extra Help. You are already eligible.</p>	<p>New to Medicare You to ensure your new drug plan best suits your needs, you should enroll into a plan during the first 3 months of your initial enrollment period.</p> <p>New to Extra Help - If you are facilitated into a plan that does not cover your medication you may switch plans.</p>
<p>Medicare with no prescription coverage</p> <p>Yearly income below: \$13,230 (single) or \$17,820 (married) AND Resources less than \$6,120 (single) or \$9,190 (married)</p>	<p>You are eligible for Extra Help, but you must <u>apply</u>.</p> <p>No premium No deductible No gap in coverage \$2.15 or \$5.35 co-pay</p>	<p>New to Medicare - You will be auto-assigned (or facilitated) plan unless you choose your own plan during the first three months of your initial enrollment period (during the 3 months before your Medicare coverage starts).</p> <p>New to Extra Help - If you do not already have a drug plan you will be facilitated into a plan and notified of the effective date.</p>	<p>CMS will notify you by mail if you are to be facilitated into a plan. You will receive a letter on green paper.</p>	<p>Apply for Extra Help</p> <p>Select and enroll in a Drug Plan.</p> <p>You may want to also apply for the Medicare Savings Program if your resources are below \$4,000 or \$6,000 if married.</p>	<p>Any time</p> <p>New to Medicare You to ensure your new drug plan best suits your needs, you should enroll into a plan during the first 3 months of your initial enrollment period.</p> <p>New to Extra Help - You may choose your own plan prior to facilitate enrollment.</p>
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Medicare with no	You are eligible for Extra	New to Medicare -	CMS will notify you by	Apply for Extra Help	Any time.

If your income is:	Single Income	Married Income	What you will pay in monthly premium
135% FPL or lower	Below \$13,230	Below \$17,820	0% of the premium
135% - 140% FPL	\$13,230 - \$13,719	\$17,820 – \$18,479	25% of the premium
140% - 145% FPL	\$13,720 - \$14,209	\$18,480 - \$19,139	50% of the premium
145% - 150% FPL	\$14,210 - \$14,700	\$19,140 - \$19,800	75% of the premium

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Medicare but your income and/or resources are above the Medicare Prescription Drug Benefit limits for Extra Help...	<p>You are not eligible for Extra Help.</p> <p>Est. \$35/mo premium \$265 deductible gap in coverage from \$2,400 to \$5,451.25 in drug expenses After gap, you pay greater of 5% or \$2.15/\$5.35 co-pay</p>	You will need to enroll in a Drug Plan	N/A	Consider selecting and enrolling in a Drug Plan	11/15/06-12/31/06
Medicare with other prescription coverage	Your current prescription drug coverage may or may not change.		N/A	**Consider whether you should keep current coverage or enroll in the Medicare Prescription Drug Benefit	See chart below



**Medigap Policy (Medicare Supplement Policy)	If you have a Medigap policy with prescription drug coverage, you can keep that policy with the prescription coverage or join a Medicare drug plan. Keep in mind that Medigap coverage is generally not as good as coverage under a Medicare drug plan. If you decide to join a Medicare drug plan at a later date, you may have to pay a penalty for late enrollment.
**Retirement Insurance Plan	Your retirement insurance plan may or may not change in 2007. Contact your plan for information. Your insurance company will notify you about how your drug plan will work with Medicare prescription drug plan. Keep the notice you receive from your insurance company, you may need it as proof of creditable coverage to avoid penalties if you decide to enroll in a Medicare drug plan at a later date.
**HoosierRx (IN State Pharmaceutical Assistance Program)	HoosierRx will pay premiums up to \$70 per month for Indiana residents, 65 and older who meet the income requirements. You must first apply for Extra Help through Social Security. Call Indiana's Pharmaceutical Assistance Program toll-free at 1-866-267-4679 for more information.
**VA Prescription Benefits (Veteran's Administration)	If you receive VA Prescription Drug Benefits, you do not need to enroll in a Medicare Prescription Drug Plan. You will not have a late penalty if you decide to enroll later.

